PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number	Q96480
Confirmation Number	9096

Application Number	10/593,103	Filing Date	September 15, 2006

For	METHOD FOR DIAGNOSING OR PREDICTING SUSCEPTIBILITY TO OPTIC NEUROPATHY

Art Unit	1634	Examiner Name	Amanda Marie Shaw

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$130.00	$65.00	
☑	Two month (37 CFR 1.17(a)(2))	$490.00	$245.00	$245.00
☐	Three month (37 CFR 1.17(a)(3))	$1110.00	$555.00	
☐	Four month (37 CFR 1.17(a)(4))	$1730.00	$865.00	
☐	Five month (37 CFR 1.17(a)(5))	$2350.00	$1175.00	

☐ Previous Payment Amount   Date Submitted

☑ Applicant claims small entity status. See 37 CFR 1.27

☐ A check in the amount of the fee is enclosed.

☑ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☑ The Director is hereby authorized to charge any fees, **except for the Issue Fee and the Publication Fee**, or credit any overpayment, to Deposit Account Number 19-4880.

I am the

☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☑ attorney or agent of record. Registration Number   64,740

☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

/Alan C. Townsley/	September 20, 2011
Signature	Date
Alan C. Townsley, Ph.D.	(202) 293-7060
Typed or printed name	Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☑ Total of __1__ form is submitted.